

**UNIVERSITY OF SOUTH ALABAMA
COLLEGE OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIORESPIRATORY CARE
Clinical Competency Checklist
Thoracic Gas Volume Using Body Plethysmography (optional)**

Student Name _____ Date _____

Rating Scale: 0 = inappropriate, incorrect, or omitted
1 = needs additional study and practice
2 = completed appropriately and correct
N/A = not applicable

<u>ITEM</u>	<u>RATING</u>
1. Perform calibration.	_____
2. Provide clear instructions to subject.	_____
3. Proficient in use of equipment.	_____
4. Able to recognize a good test. (ATS Standards)	_____
5. Test Subject (2 pts. for patient, 1 pt. for fellow student or instructor).	_____

Total = _____ out of 10 Score = _____ pass _____ fail

Instructor's Signature: _____

Instructor's Name: _____ Credential: _____
(Please print)

Student's Signature: _____

Comments _____